

GENERAL MANAGER'S REPORT

REPORT ON WATER SYSTEM OPERATIONS FOR THE MONTH OF: January, 2015

The Meter Period for this report is:			through	
The Billing Period for this Report is:			through	
The Activity Period for this Report is:			through	
1	Total Water Pumped (TWP) from all Wells in Metering Period			mg ¹
2	Total Water Used for Unidirectional Flushing in Metering Period			mg
3	Total Water Used for Reactionary Flushing in Metering Period			mg
4	Total Water Used for Backwashing Filters in Metering Period			mg
5	Total Water Lost and Used Repairing Leaks in Metering Period			mg
6	Total Other Known Water Used in Metering Period			mg
7	Total Water Sold in Metering Period			mg
8	Total Authorized Water Use in Metering Period (sum of 2 through 7)			mg
9	Total Distribution System Leakage (DSL) in Metering Period (difr. between 1 and 8)			mg
10	Percentage of TWP that is DSL			pct
11	Total Water Pumped (TWP) from all Wells in 2015 to date			mg
12	Total Authorized Water Use in 2015 to date			mg
13	Total Distribution System Leakage (DSL) in 2015 to date			mg
14	Percentage of TWP that is DSL in 2015 to date			pct
15	Residential Accounts in Billing Period	TS ² :	TBR ³ :	TMR ⁴ :
16	Commercial Accounts in Billing Period	TS:	TBR:	TMR:
17	Fire Flow Accounts in Billing Period	TS:	TBR:	TMR:
18	Surfside Management in Billing Period	Contract:	REIMB ⁵ :	
19	Other / Total Billed in Billing Period	Other:	TB ⁶ :	
20	Past Due Accounts	30 days:	≥60 days:	Locked/Off:
				Liened Prop.:
21	Activity Period	Water Main Locates:	Customer Valves Installed:	
22	Water Quality Complaints:	Customer Service Calls:	Other:	

¹ Million Gallons

² Total Services

³ Total Base Rate Billed

⁴ Total Metered Rate Billed

⁵ Reimbursement Billed

⁶ Total Billed

01.23.2015

General Managers Report

Report:

There were no major infrastructure failures in December, 2015. We repaired the source meters on North Wells no. 4 and no. 6 in December. The plant is operating at normal specifications.

I contracted with Ford Electric to move the sub panel from the storage garage that will be torn down to the Treatment Plant. The estimate for the work is \$3,000.00. The subpanel will be in a final location for the DWSRF project.

Bob and I will be selecting applicants for interview the week of January 26, 2015. I hope to have a new hire for an entry level Water Service Worker I in February. The District received some promising applications to the last few days.

The Pacific County Treasurer has changed the way they manage our accounts. I have attached the new reports to my report. They no longer separate our Operations and Operations Reserve accounts. The District will have to amend its fiscal policy to adapt to these changes. We can discuss the options during the General Managers Report at the meeting.

PACIFIC COUNTY TREASURER'S OFFICE

DISTRICT FINANCIAL REPORT

FOR 12/01/2014 THRU 12/31/2014

		<u>This Month</u>	<u>YTD</u>
674.200.100: North Beach			
Beginning cash on hand	537,464.42		
Excise & general receipts		156,354.28	946,950.39
Tax collections		0.00	0.00
Transfers in		9,953.75	328,305.20
Reserved cash released		0.00	0.00
Total received		166,308.03	1,275,255.59
Warrants redeemed		0.00	0.00
Disbursements		32,057.90	276,981.96
Transfers out		84,825.93	965,290.34
Cash reserved		0.00	0.00
Total disbursed		116,883.83	1,242,272.30
Ending cash on hand + investments	586,888.62		
Reserved cash	0.00		
Available cash + investments before warrants	586,888.62		
Beginning warrants outstanding	0.00		
Warrants issued		0.00	0.00
Warrants redeemed		0.00	0.00
Warrants voided		0.00	0.00
Ending warrants outstanding	0.00		
Available cash + investments after warrants	586,888.62		
Beginning bonds outstanding	0.00		
Bonds issued		0.00	0.00
Bonds redeemed		0.00	0.00
Ending bonds outstanding	0.00		

PACIFIC COUNTY TREASURER'S OFFICE

DISTRICT FINANCIAL REPORT

FOR 12/01/2014 THRU 12/31/2014

		<u>This Month</u>	<u>YTD</u>
674.200.101: North Beach / Water			
Beginning cash on hand	0.00		
Excise & general receipts		0.00	328,756.32
Tax collections		0.00	0.00
Transfers in		0.00	0.00
Reserved cash released		0.00	0.00
Total received		0.00	328,756.32
Warrants redeemed		0.00	0.00
Disbursements		0.00	10,404.87
Transfers out		0.00	318,351.45
Cash reserved		0.00	0.00
Total disbursed		0.00	328,756.32
Ending cash on hand + investments	0.00		
Reserved cash	0.00		
Available cash + investments before warrants	0.00		
Beginning warrants outstanding	0.00		
Warrants issued		0.00	0.00
Warrants redeemed		0.00	0.00
Warrants voided		0.00	0.00
Ending warrants outstanding	0.00		
Available cash + investments after warrants	0.00		
Beginning bonds outstanding	0.00		
Bonds issued		0.00	0.00
Bonds redeemed		0.00	0.00
Ending bonds outstanding	0.00		

PACIFIC COUNTY TREASURER'S OFFICE

DISTRICT FINANCIAL REPORT

FOR 12/01/2014 THRU 12/31/2014

		<u>This Month</u>	<u>YTD</u>
674.200.102: North Beach / 2013 Bond Proceeds			
Beginning cash on hand	1,012,825.78		
Excise & general receipts		0.00	0.00
Tax collections		0.00	0.00
Transfers in		0.00	0.00
Reserved cash released		0.00	0.00
Total received		0.00	0.00
Warrants redeemed		0.00	0.00
Disbursements		0.00	0.00
Transfers out		9,953.75	9,953.75
Cash reserved		0.00	0.00
Total disbursed		9,953.75	9,953.75
Ending cash on hand + investments	1,002,872.03		
Reserved cash	0.00		
Available cash + investments before warrants	1,002,872.03		
Beginning warrants outstanding	0.00		
Warrants issued		0.00	0.00
Warrants redeemed		0.00	0.00
Warrants voided		0.00	0.00
Ending warrants outstanding	0.00		
Available cash + investments after warrants	1,002,872.03		
Beginning bonds outstanding	0.00		
Bonds issued		0.00	0.00
Bonds redeemed		0.00	0.00
Ending bonds outstanding	0.00		

PACIFIC COUNTY TREASURER'S OFFICE

DISTRICT FINANCIAL REPORT

FOR 12/01/2014 THRU 12/31/2014

		<u>This Month</u>	<u>YTD</u>
674.200.103: North Beach / Cash Reserve			
Beginning cash on hand	784,476.39		
Excise & general receipts		213.89	3,747.09
Tax collections		0.00	0.00
Transfers in		0.00	0.00
Reserved cash released		0.00	0.00
Total received		213.89	3,747.09
Warrants redeemed		0.00	0.00
Disbursements		0.00	0.00
Transfers out		0.00	0.00
Cash reserved		0.00	0.00
Total disbursed		0.00	0.00
Ending cash on hand + investments	784,690.28		
Reserved cash	0.00		
Available cash + investments before warrants	784,690.28		
Beginning warrants outstanding	0.00		
Warrants issued		0.00	0.00
Warrants redeemed		0.00	0.00
Warrants voided		0.00	0.00
Ending warrants outstanding	0.00		
Available cash + investments after warrants	784,690.28		
Beginning bonds outstanding	0.00		
Bonds issued		0.00	0.00
Bonds redeemed		0.00	0.00
Ending bonds outstanding	0.00		

PACIFIC COUNTY TREASURER'S OFFICE

DISTRICT FINANCIAL REPORT

FOR 12/01/2014 THRU 12/31/2014

		<u>This Month</u>	<u>YTD</u>
674.200.104: North Beach / PDA Debt Reserve			
Beginning cash on hand	275,965.00		
Excise & general receipts		0.00	0.00
Tax collections		0.00	0.00
Transfers in		0.00	0.00
Reserved cash released		0.00	0.00
Total received		0.00	0.00
Warrants redeemed		0.00	0.00
Disbursements		0.00	0.00
Transfers out		0.00	0.00
Cash reserved		0.00	0.00
Total disbursed		0.00	0.00
Ending cash on hand + investments	275,965.00		
Reserved cash	0.00		
Available cash + investments before warrants	275,965.00		
Beginning warrants outstanding	0.00		
Warrants issued		0.00	0.00
Warrants redeemed		0.00	0.00
Warrants voided		0.00	0.00
Ending warrants outstanding	0.00		
Available cash + investments after warrants	275,965.00		
Beginning bonds outstanding	0.00		
Bonds issued		0.00	0.00
Bonds redeemed		0.00	0.00
Ending bonds outstanding	0.00		

PACIFIC COUNTY TREASURER'S OFFICE

DISTRICT FINANCIAL REPORT

FOR 12/01/2014 THRU 12/31/2014

		<u>This Month</u>	<u>YTD</u>
674.200.213: North Beach Water 2013 non-voted bond			
Beginning cash on hand	0.00		
Excise & general receipts		0.00	0.00
Tax collections		0.00	0.00
Transfers in		0.00	0.00
Reserved cash released		0.00	0.00
Total received		0.00	0.00
Warrants redeemed		0.00	0.00
Disbursements		0.00	0.00
Transfers out		0.00	0.00
Cash reserved		0.00	0.00
Total disbursed		0.00	0.00
Ending cash on hand + investments	0.00		
Reserved cash	0.00		
Available cash + investments before warrants	0.00		
Beginning warrants outstanding	0.00		
Warrants issued		0.00	0.00
Warrants redeemed		0.00	0.00
Warrants voided		0.00	0.00
Ending warrants outstanding	0.00		
Available cash + investments after warrants	0.00		
Beginning bonds outstanding	3,535,000.00		
Bonds issued		0.00	0.00
Bonds redeemed		145,000.00	145,000.00
Ending bonds outstanding	3,390,000.00		



Pacific County Treasurer's Office

Receipt Allocation Detail by Fund

Between 12/01/2014 and 12/31/2014

Account	Description	Date	Receipt #	Amount Allocated
674.200.100	North Beach			
674.200.100.343.74.00	NB Water Gen Collect	12/2/2014	G177489	\$12,847.48
		12/3/2014	G177515	\$3,599.00
		12/4/2014	G177546	\$5,888.85
		12/5/2014	G177576	\$4,618.31
		12/8/2014	G177589	\$3,296.29
		12/9/2014	G177612	\$9,020.19
		12/10/2014	G177636	\$3,865.59
		12/11/2014	G177657	\$4,370.28
		12/15/2014	G177724	\$49,341.73
		12/15/2014	G177725	(\$46.30)
		12/16/2014	G177747	\$8,163.73
		12/17/2014	G177777	\$9,506.72
		12/18/2014	G177813	\$4,490.40
		12/19/2014	G177839	\$2,572.95
		12/22/2014	G177858	\$2,594.91
		12/23/2014	G177896	\$3,296.18
		12/26/2014	G177917	\$4,718.36
		12/26/2014	G177918	\$963.52
		12/29/2014	G177926	\$7,813.08
		12/30/2014	G177945	\$6,798.50
		12/31/2014	G177975	(\$43.22)
		12/31/2014	G177976	\$4,619.17
		12/31/2014	G177993	\$4,058.56
Total for account 343.74.00				\$156,354.28
Total for program 674.200.100				\$156,354.28
674.200.103	North Beach / Cash Reserve			
674.200.103.361.11.00	NB Water Cash Rerserve Int	12/18/2014	G177821	\$99.27
		12/31/2014	G177993	\$15.54
		12/31/2014	G178001	\$99.08
Total for account 361.11.00				\$213.89
Total for program 674.200.103				\$213.89
Total for entity 674.200				\$156,568.17
TOTAL FOR ALL PROGRAMS				\$156,568.17



Pacific County Treasurer's Office

Allocated Receipts To Date By Department

As of 12/31/2014

All Receipts

		DECEMBER	YTD
674.200.100	North Beach		
674.200.100.343.74.00	NB Water Gen Collect	\$156,354.28	\$946,950.39
Totals for 674.200.100		<u>\$156,354.28</u>	<u>\$946,950.39</u>
674.200.101	North Beach / Water		
674.200.101.343.74.00	NB Water Gen Collect	\$0.00	\$1,600,691.52
Totals for 674.200.101		<u>\$0.00</u>	<u>\$1,600,691.52</u>
674.200.103	North Beach / Cash Reserve		
674.200.103.111.40.00	Investment cash	\$0.00	\$89.66
674.200.103.361.11.00	NB Water Cash Rerserve Int	\$213.89	\$4,059.86
Totals for 674.200.103		<u>\$213.89</u>	<u>\$4,149.52</u>
TOTALS FOR 674.200		<u>\$156,568.17</u>	<u>\$2,551,791.43</u>



PACIFIC COUNTY TREASURER'S OFFICE

DISBURSEMENT ACTIVITY

FOR 12/01/2014 THRU 12/31/2014

<u>Bank</u>	<u>Post Date</u>	<u>Remit Date</u>	<u>Fund #</u>	<u>Amount</u>	<u>Description</u>
NB Water BOP					
	12/3/2014	12/3/2014	674.200.100	495.31	CC DISCOUNT
	12/4/2014	12/4/2014	674.200.100	9,424.15	PAYROLL
	12/5/2014	12/5/2014	674.200.100	39.87	TPS FEES
	12/8/2014	12/8/2014	674.200.100	1,709.71	PAYROLL TAX
	12/11/2014	12/11/2014	674.200.100	3,600.77	DRS
	12/16/2014	12/16/2014	674.200.100	5.00	ACH RETURN FEE
	12/17/2014	12/17/2014	674.200.100	5,803.58	EXCISE
	12/18/2014	12/18/2014	674.200.100	9,316.95	PAYROLL
	12/22/2014	12/22/2014	674.200.100	1,623.56	PAYROLL TAX
	1/2/2015	12/31/2014	674.200.100	9.00	NB WATER ACH FILE FEE
	1/2/2015	12/31/2014	674.200.100	25.00	NB WATER ACH MAINT FEE
	12/31/2014	12/31/2014	674.200.100	5.00	NB WATER CHARGEBACK FEE
Total for NB Water BOP:				32,057.90	
GRAND TOTAL				32,057.90	





PACIFIC COUNTY TREASURER'S OFFICE

TRANSFER ACTIVITY

FOR 12/01/2014 THRU 12/31/2014

Post Date	Trans Date	From Fund	From BARS #	From Fund Name	To Fund	To BARS #	Transfer Desc	Amount
12/26/2014	12/26/2014	674.200.100		North Beach	674.200.108	397.01.00	December Monthly Transfer	32,500.00
12/31/2014	12/31/2014	674.200.100		North Beach	692.000.200	397.00.00	2014 Dec Vendor Transfer	52,325.93
1/6/2015	12/31/2014	674.200.102		North Beach / 2013 Bond Proceeds	674.200.100	397.00.00	Reimburse vouchers paid out of gen fund that s/b bond 2014	9,953.75
TOTAL POSTED								94,779.68

 WASHINGTON STATE DEPARTMENT OF COMMERCE		AGENCY NUMBER 1030		Short Code	Commerce Contract Number DM12-952-129
Form A19-1A		VOUCHER DISTRIBUTION DEPARTMENT OF COMMERCE PO BOX 42625 OLYMPIA, WA 98504-2525			
VENDOR OR CLAIMANT (Warrant is to be payable to:) North Beach Water District PO Box 618 Ocean Park WA, 98640		INSTRUCTIONS TO VENDOR OR CLAIMANT: Submit this form to claim payment for materials, merchandise, or services. Show complete detail for each item. Vendor's Certificate: The individual signing this voucher below warrants they have the authority to do so as authorized and on the behalf of the entity identified in the Vendor/Client section. The individual signing below certifies under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race creed, color, national origin, handicap, religion or Vietnam era or disabled veterans status.			
Contact Person: Jack McCarty Phone: (360) 665-4144 Contract Period: 11/29/2012 - 11/29/2036 Report Period: 11-1-14 through 11-30-14		By:  General Manager (TITLE) 12/5/2014 (DATE) (SIGN IN BLUE INK)			
Original Contract Amount \$2,190,631 Loan Fee (if any) \$0					
Date	DESCRIPTION	Budget	Previously Requested	Amount of This Invoice	Award Remaining Balance
	Net Contract Amount	\$2,190,631	\$404,350.24		\$1,786,281
	Request #19				
11/10/2014	Invoice #13224.02-21 / Gray & Osborne / Supply & Treatment			\$10,272.51	
Totals				\$10,272.51	\$1,776,008

 WASHINGTON STATE DEPARTMENT OF COMMERCE		AGENCY NUMBER 1030		Short Code		Commerce Contract Number DM12-952-121	
Form A19-1A		VOUCHER DISTRIBUTION DEPARTMENT OF COMMERCE PO BOX 42525 OLYMPIA, WA 98504-2525					
VENDOR OR CLAIMANT (Warrant is to be payable to:) North Beach Water District PO Box 618 Ocean Park WA, 98640				INSTRUCTIONS TO VENDOR OR CLAIMANT: Submit this form to claim payment for materials, merchandise, or services. Show complete detail for each item. Vendor's Certificate: The individual signing this voucher warrants they have the authority to do so as authorized and on the behalf of the entity identified in the Vendor/Client section. The individual signing below certifies under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race creed, color, national origin, handicap, religion or Vietnam era or disabled veterans status.			
Contact Person:		Jack McCarty		By:  (SIGN IN BLUE INK) General Manager (TITLE) 10/8/2014 (DATE)			
Phone:		(360) 665-4144					
Contract Period		11-29-2012 thru 11-29-2036					
REPORT PERIOD		9/1/14 - 9/30/14					
		Original Contract Amount				\$891,123	
		Loan Fee (if any)				\$8,823	
Date	DESCRIPTION			Budget	Previously Requested	Amount of This Invoice	Award Remaining Balance
	Net Contract Amount			\$882,300	\$647,340.47		\$234,960
	Request #15						
9/16/2014	Invoice #13223.01-11 / Gray & Osborne / Water Main Project					\$2,375.56	
Totals						\$2,375.56	\$232,584

Match: Year / Dollars / Coding				PROGRAM APPROVAL (the individual signing this voucher warrants they have the authority to sign this voucher)				DATE	
DOC DATE		CURRENT DOC. NO.		REFERENCE DOC. NO.		VENDOR NUMBER and SUFFIX SWV0110176 00			
ACCOUNT NO.				ASD NUMBER		VENDOR MESSAGE			
TRANS CODE	MASTER	INDEX	SUB OBJ	SUB OBJ	GL	ACCT	SUBSID	AMOUNT	INVOICE
									DM12-952-121
SIGNATURE OF ACCOUNTING PREPARER FOR PAYMENT						DATE		WARRANT TOTAL	
ACCOUNTING APPROVAL FOR PAYMENT						DATE			



SR# 11414404-001



ALS Environmental
1317 S. 13th Avenue • Kelso, WA 98626

COLIFORM BACTERIA ANALYSIS

Date Sample Collected <u>12/29/14</u> <small>Month Day Year</small>		Time Sample Collected <u>10:35</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County <u>Pacific</u>
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A <input type="checkbox"/> Group B <input type="checkbox"/> Private Household <input type="checkbox"/> Other _____			
Group A and Group B Systems – Provide from Water Facilities Inventory (WFI): ID# <u>63000C</u>			
System Name: <u>North Beach Water</u>			
Contact Person: <u>Bill Neal</u>			
Day Phone: <u>(360) 665-4144</u>		Cell Phone: <u>(360) 244-0068</u>	
Eve. Phone: ()		FAX: ()	
Email:			
Send results to: (Print full name, address and zip code) <u>North Beach Water</u> <u>P.O. Box 618</u> <u>Ocean Park WA 98640</u>			

SAMPLE INFORMATION

Sample collected by (name): <u>Robert Hunt</u>				
Specific location where sample collected: <u>USS# 21/ 1711</u> <u>255th PL</u>	Special instructions or comments:			
Type of Sample (MUST CHECK ONLY ONE BOX OF #1 THROUGH #4 LISTED BELOW)				
#1. <input type="checkbox"/> Routine Distribution Sample Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____	#2. Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less) Unsatisfactory routine lab number: <u>0 1 7 -</u> Unsatisfactory routine collect date: _____/_____/_____ Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____			
#3. Raw Water Source Sample <input type="checkbox"/> <i>E. coli</i> – GWR source sample <input type="checkbox"/> Fecal – Surface, GWI, some springs <input type="checkbox"/> Other <table><tr><td>S</td><td></td><td></td></tr></table> <small>Public systems must provide source number from WFI</small>	S			
S				

#4. <input type="checkbox"/> Sample Collected for Information Only
Investigative _____ Construction / Repairs _____ Other _____

LAB USE ONLY	DRINKING WATER RESULTS	LAB USE ONLY
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> <i>E. coli</i> present <input type="checkbox"/> <i>E. coli</i> absent	<input checked="" type="checkbox"/> Satisfactory	

Replacement Sample Required:		
<input type="checkbox"/> Sample too old (>30 hours)	<input type="checkbox"/> TNTC	<input type="checkbox"/> _____
<input type="checkbox"/> Improper Container	<input type="checkbox"/> Turbid culture	

Bacterial Density Results: Plate Count _____ /ml. <i>E. coli</i> _____ /100ml.
Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.

Method Code: <u>SM 9223B</u>	Date, Time and Temp Received: <u>12/29/14 1447</u>
MICR- _____	Date Reported: <u>12/30/14</u>
Date Analyzed <u>12/29/14</u> <u>07</u>	Lab Use Only: <u>12311413</u>
Sample Number (DOH number plus five digits) <u>0 1 7 - 4 4 0 4 1</u>	

**INTERPRETATION OF RESULTS
FOR DRINKING WATER**

The analysis performed on this drinking water sample is an examination for the presence of coliform organisms in the water and indicates the bacteriological quality of the sample. The presence of coliform organisms is used by health organizations worldwide as an indicator for the possible presence of other disease causing organisms.

REPORTING OF RESULTS:
Group A Public Water Systems must report the results of Drinking Water Analysis to the State as specified in WAC 246-290-480.

SATISFACTORY RESULTS:
The absence of coliforms from any sample is satisfactory. Proper system maintenance and bacteriological monitoring should be continued routinely to insure the safety of the water supply.

UNSATISFACTORY RESULTS:
Any coliform presence is unsatisfactory.

The presence of coliforms indicates the system is not properly protected against contamination and may be unsafe for human consumption. Unsatisfactory samples should be investigated IMMEDIATELY and repeat samples submitted. Contact your local health department or DOH Regional Office for assistance in determining the source of contamination and corrective procedures.

- When fecal coliforms or *E. coli* are reported present in a sample, the **IMMEDIATE ACTION REQUIRED** by a Public System is:
1. Investigate to determine the cause and correct the situation. Your local health department or DOH Regional Office can assist you.
 2. Submit repeat samples as specified in WAC 246-290-480
 3. Publicly notify the users of public water systems as specified in WAC 246-290-480
 4. Contact your local health department or DOH Regional Office as specified in WAC 246-290-480.

TEST UNSUITABLE: Resample Immediately
"Confluent Growth" means bacteria have grown into a continuous mass which makes counting impossible, "TNC" means bacteria are too numerous to count. "Excess Debris" means that particulates in the water interfere with the interpretation of test results, "Turbid Culture" means overgrowth of other bacteria can interfere with coliform analysis. If any box indicating an unsuitable test is checked, the presence of coliform bacteria could not be determined and a new sample must be obtained for testing.

RESAMPLE:
Sample too old. (Sample to be tested must be received within 30 hours). Not in proper container. (Bottle to be used for testing must be purchased from a certified lab within 6 months.)
Insufficient volume. (Sample must be at least 100 ml)
If not tested, a new sample must be submitted for analysis.

FOR ADDITIONAL INFORMATION:
Contact your local health department **OR** the laboratory where this sample was tested **OR** the Department of Health, Drinking Water Program Regional Office.

Regional DOH - (360) 236-3030
Cowlitz County - (360) 414-5599
Lewis County - (800) 562-6130
Pacific County - (360) 875-9356

SR# K1414404-002**ALS Environmental**
1317 S. 13th Avenue • Kelso, WA 98626**COLIFORM BACTERIA ANALYSIS**

Date Sample Collected <u>12/29/14</u> Month Day Year	Time Sample Collected <u>10:20</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County <u>Pacific</u>
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Type of Water System (check only one box)
☒ Group A ☐ Group B ☐ Private Household ☐ Other _____

Group A and Group B Systems – Provide from Water Facilities Inventory (WFI):

ID# 63000CSystem Name: North Beach WaterContact Person: Bill NealDay Phone: (360) 655-4144Cell Phone: (360) 244-0068

Eve. Phone: ()

FAX: ()

Email:

Send results to: (Print full name, address and zip code)

North Beach WaterP.O. Box 618Ocean Park WA 98640**SAMPLE INFORMATION**Sample collected by (name): Robert Hunt

Specific location where sample collected:

US 24 / 23400/ Pacific Hwy

Special instructions or comments:

Type of Sample (MUST CHECK ONLY ONE BOX OF #1 THROUGH #4 LISTED BELOW)**#1. ☐ Routine Distribution Sample**

Chlorinated: Yes _____ No _____

Chlorine Residual: Total _____ Free _____

#3. Raw Water Source Sample☐ *E. coli* – GWR source sample☐ Fecal – Surface, GWI, some springs☐ OtherS

Public systems must provide source number from WFI

#2. Repeat Sample (after unsat. routine)☐ Distribution System☐ Source Groundwater Rule (GWR)
(Population of 1,000 or less)

Unsatisfactory routine lab number:

0 1 7 -

Unsatisfactory routine collect date:

_____/_____/____/

Chlorinated: Yes _____ No _____

Chlorine Residual: Total _____ Free _____

#4. ☐ Sample Collected for Information Only

Investigative _____ Construction / Repairs _____ Other _____

LAB USE ONLY**DRINKING WATER RESULTS****LAB USE ONLY**☐ Unsatisfactory Total Coliform Present and☐ *E. coli* present☐ *E. coli* absent☒ Satisfactory**Replacement Sample Required:**☐ Sample too old (>30 hours)☐ TNTC☐ _____☐ Improper Container☐ Turbid cultureBacterial Density Results: Plate Count _____ /ml. *E. coli* _____ /100ml.

Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.

Method Code:

MICR- SM9223B

Date, Time and Temp Received:

12/29/14 147

Date Analyzed

12/29/14 09

Date Reported:

12/30/14

Sample Number (DOH number plus five digits)

0 1 7 - 44042

Lab Use Only:

ab 12 31 11**INTERPRETATION OF RESULTS
FOR DRINKING WATER**

The analysis performed on this drinking water sample is an examination for the presence of coliform organisms in the water and indicates the bacteriological quality of the sample. The presence of coliform organisms is used by health organizations worldwide as an indicator for the possible presence of other disease causing organisms.

REPORTING OF RESULTS:

Group A Public Water Systems must report the results of Drinking Water Analysis to the State as specified in WAC 246-290-480.

SATISFACTORY RESULTS:

The absence of coliforms from any sample is satisfactory. Proper system maintenance and bacteriological monitoring should be continued routinely to insure the safety of the water supply.

UNSATISFACTORY RESULTS:

Any coliform presence is unsatisfactory.

The presence of coliforms indicates the system is not properly protected against contamination and may be unsafe for human consumption. Unsatisfactory samples should be investigated IMMEDIATELY and repeat samples submitted. Contact your local health department or DOH Regional Office for assistance in determining the source of contamination and corrective procedures.

When fecal coliforms or *E. coli* are reported present in a sample, the **IMMEDIATE ACTION REQUIRED** by a Public System is:

1. Investigate to determine the cause and correct the situation. Your local health department or DOH Regional Office can assist you.
2. Submit repeat samples as specified in WAC 246-290-480
3. Publicly notify the users of public water systems as specified in WAC 246-290-480
4. Contact your local health department or DOH Regional Office as specified in WAC 246-290-480.

TEST UNSUITABLE: Resample Immediately

"**Confluent Growth**" means bacteria have grown into a continuous mass which makes counting impossible, "**TNC**" means bacteria are too numerous to count. "**Excess Debris**" means that particulates in the water interfere with the interpretation of test results, "**Turbid Culture**" means overgrowth of other bacteria can interfere with coliform analysis. If any box indicating an unsuitable test is checked, the presence of coliform bacteria could not be determined and a new sample must be obtained for testing.

RESAMPLE:

Sample too old. (Sample to be tested must be received within 30 hours). Not in proper container. (Bottle to be used for testing must be purchased from a certified lab within 6 months.)

Insufficient volume. (Sample must be at least 100 ml)

If not tested, a new sample must be submitted for analysis.

FOR ADDITIONAL INFORMATION:

Contact your local health department **OR** the laboratory where this sample was tested **OR** the Department of Health, Drinking Water Program Regional Office.

Regional DOH - (360) 236-3030
Cowlitz County - (360) 414-5599
Lewis County - (800) 562-6130
Pacific County - (360) 875-9356

SR# K1414404-003
ALS Environmental
 1317 S. 13th Avenue • Kelso, WA 98626

COLIFORM BACTERIA ANALYSIS

Date Sample Collected <u>12/29/14</u> Month Day Year	Time Sample Collected <u>11:00</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County <u>Pacific</u>
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A <input type="checkbox"/> Group B <input type="checkbox"/> Private Household <input type="checkbox"/> Other _____		
Group A and Group B Systems - Provide from Water Facilities Inventory (WFI): ID# <u>630005</u> System Name: <u>North Beach Water</u> Contact Person: <u>Bill Neal</u> Day Phone: <u>360-665-4144</u> Cell Phone: <u>360-244-0068</u> Eve. Phone: () FAX: () Email: _____ Send results to: (Print full name, address and zip code) <u>North Beach Water</u> <u>P.O. Box 618</u> <u>Ocean Park, WA 98640</u>		

SAMPLE INFORMATION

Sample collected by (name): <u>Robert Hunt</u>	
Specific location where sample collected: <u>WSS#13/20500</u> <u>Birch PL</u>	Special instructions or comments:
Type of Sample (MUST CHECK ONLY ONE BOX OF #1 THROUGH #4 LISTED BELOW)	
#1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____ #3. Raw Water Source Sample <input type="checkbox"/> E.coli - GWR source sample <input type="checkbox"/> Fecal - Surface, GWI, some springs <input type="checkbox"/> Other <div style="border: 1px solid black; padding: 2px; display: inline-block;">S</div> <small>Public systems must provide source number from WFI</small>	#2. Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less) Unsatisfactory routine lab number: <u>0 1 7 -</u> Unsatisfactory routine collect date: ____/____/____ Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____
#4. <input type="checkbox"/> Sample Collected for Information Only Investigative _____ Construction / Repairs _____ Other _____	

LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY

<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E.coli present <input type="checkbox"/> E.coli absent	<input checked="" type="checkbox"/> Satisfactory
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Replacement Sample Required:

<input type="checkbox"/> Sample too old (>30 hours)	<input type="checkbox"/> TNTC	<input type="checkbox"/> _____
<input type="checkbox"/> Improper Container	<input type="checkbox"/> Turbid culture	

Bacterial Density Results: Plate Count _____ /ml. E.coli _____ /100ml.

Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.

Method Code: <u>SM 9223B</u> MICR- <u>SM 9223B</u>	Date, Time and Temp Received: <u>12/29/14 1447</u>
Date Analyzed: <u>12/29/14</u>	Date Reported: <u>12/30/14</u>
Sample Number (DOH number plus five digits) <u>0 1 7 - 44043</u>	Lab Use Only: <u>15 12 31 14</u>

INTERPRETATION OF RESULTS FOR DRINKING WATER

The analysis performed on this drinking water sample is an examination for the presence of coliform organisms in the water and indicates the bacteriological quality of the sample. The presence of coliform organisms is used by health organizations worldwide as an indicator for the possible presence of other disease causing organisms.

REPORTING OF RESULTS:

Group A Public Water Systems must report the results of Drinking Water Analysis to the State as specified in WAC 246-290-480.

SATISFACTORY RESULTS:

The absence of coliforms from any sample is satisfactory. Proper system maintenance and bacteriological monitoring should be continued routinely to insure the safety of the water supply.

UNSATISFACTORY RESULTS:

Any coliform presence is unsatisfactory.

The presence of coliforms indicates the system is not properly protected against contamination and may be unsafe for human consumption. Unsatisfactory samples should be investigated IMMEDIATELY and repeat samples submitted. Contact your local health department or DOH Regional Office for assistance in determining the source of contamination and corrective procedures.

When fecal coliforms or E. coli are reported present in a sample, the **IMMEDIATE ACTION REQUIRED** by a Public System is:

1. Investigate to determine the cause and correct the situation. Your local health department or DOH Regional Office can assist you.
2. Submit repeat samples as specified in WAC 246-290-480
3. Publicly notify the users of public water systems as specified in WAC 246-290-480
4. Contact your local health department or DOH Regional Office as specified in WAC 246-290-480.

TEST UNSUITABLE: Resample Immediately

"**Confluent Growth**" means bacteria have grown into a continuous mass which makes counting impossible, "**TNC**" means bacteria are too numerous to count. "**Excess Debris**" means that particulates in the water interfere with the interpretation of test results, "**Turbid Culture**" means overgrowth of other bacteria can interfere with coliform analysis. If any box indicating an unsuitable test is checked, the presence of coliform bacteria could not be determined and a new sample must be obtained for testing.

RESAMPLE:

Sample too old. (Sample to be tested must be received within 30 hours). Not in proper container. (Bottle to be used for testing must be purchased from a certified lab within 6 months.) Insufficient volume. (Sample must be at least 100 ml) If not tested, a new sample must be submitted for analysis.

FOR ADDITIONAL INFORMATION:

Contact your local health department **OR** the laboratory where this sample was tested **OR** the Department of Health, Drinking Water Program Regional Office.

Regional DOH - (360) 236-3030
 Cowlitz County - (360) 414-5599
 Lewis County - (800) 562-6130
 Pacific County - (360) 875-9356

SR# 11414404-004
ALS Environmental
 1317 S. 13th Avenue • Kelso, WA 98626

COLIFORM BACTERIA ANALYSIS

Date Sample Collected 2 12 91 14 <small>Month Day Year</small>	Time Sample Collected 10:45 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County Pacific
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A <input type="checkbox"/> Group B <input type="checkbox"/> Private Household <input type="checkbox"/> Other _____		
Group A and Group B Systems – Provide from Water Facilities Inventory (WFI): ID# 630000C		
System Name: North Beach Water		
Contact Person: Bill Neal		
Day Phone: (360) 665-4144		Cell Phone: (360) 244-0068
Eve. Phone: ()		FAX: ()
Email: _____		
Send results to: (Print full name, address and zip code) North Beach Water P.O. Box 618 Ocean Park WA 98640		

SAMPLE INFORMATION

Sample collected by (name): Robert Hunt	
Specific location where sample collected: SS #8 / 1719 / 264th PL.	Special instructions or comments:

Type of Sample (MUST CHECK ONLY ONE BOX OF #1 THROUGH #4 LISTED BELOW)

1. <input type="checkbox"/> Routine Distribution Sample Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____	#2. Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less) Unsatisfactory routine lab number: 0 1 7 - Unsatisfactory routine collect date: ____/____/____ Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____
3. Raw Water Source Sample <input type="checkbox"/> E.coli – GWR source sample <input type="checkbox"/> Fecal – Surface, GWI, some springs <input type="checkbox"/> Other <div style="border: 1px solid black; padding: 2px; display: inline-block;">S</div>	

Public systems must provide source number from WFI

4. ☐ Sample Collected for Information Only

Investigative _____ Construction / Repairs _____ Other _____

LAB USE ONLY DRINKING WATER RESULTS <input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E.coli present <input type="checkbox"/> E.coli absent	<input checked="" type="checkbox"/> Satisfactory
--	--

Replacement Sample Required:
☐ Sample too old (>30 hours) ☐ TNTC ☐ _____
☐ Improper Container ☐ Turbid culture

 Bacterial Density Results: Plate Count _____ /ml. E.coli _____ /100ml.
 Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.

Method Code: SM9223B MICR Date Analyzed 12/29/14 Sample Number (DOH number plus five digits) 0 1 7 - 44044	Date, Time and Temp Received: 12/29/14 1447 Date Reported: 12/30/14 Lab Use Only: rb 12 31 11
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**INTERPRETATION OF RESULTS
FOR DRINKING WATER**

The analysis performed on this drinking water sample is an examination for the presence of coliform organisms in the water and indicates the bacteriological quality of the sample. The presence of coliform organisms is used by health organizations worldwide as an indicator for the possible presence of other disease causing organisms.

REPORTING OF RESULTS:

Group A Public Water Systems must report the results of Drinking Water Analysis to the State as specified in WAC 246-290-480.

SATISFACTORY RESULTS:

The absence of coliforms from any sample is satisfactory. Proper system maintenance and bacteriological monitoring should be continued routinely to insure the safety of the water supply.

UNSATISFACTORY RESULTS:

Any coliform presence is unsatisfactory.

The presence of coliforms indicates the system is not properly protected against contamination and may be unsafe for human consumption. Unsatisfactory samples should be investigated IMMEDIATELY and repeat samples submitted. Contact your local health department or DOH Regional Office for assistance in determining the source of contamination and corrective procedures.

When fecal coliforms or E. coli are reported present in a sample, the **IMMEDIATE ACTION REQUIRED** by a Public System is:

1. Investigate to determine the cause and correct the situation. Your local health department or DOH Regional Office can assist you.
2. Submit repeat samples as specified in WAC 246-290-480
3. Publicly notify the users of public water systems as specified in WAC 246-290-480
4. Contact your local health department or DOH Regional Office as specified in WAC 246-290-480.

TEST UNSUITABLE: Resample Immediately

"**Confluent Growth**" means bacteria have grown into a continuous mass which makes counting impossible, "**TNC**" means bacteria are too numerous to count. "**Excess Debris**" means that particulates in the water interfere with the interpretation of test results, "**Turbid Culture**" means overgrowth of other bacteria can interfere with coliform analysis. If any box indicating an unsuitable test is checked, the presence of coliform bacteria could not be determined and a new sample must be obtained for testing.

RESAMPLE:

Sample too old. (Sample to be tested must be received within 30 hours). Not in proper container. (Bottle to be used for testing must be purchased from a certified lab within 6 months.)
 Insufficient volume. (Sample must be at least 100 ml)
 If not tested, a new sample must be submitted for analysis.

FOR ADDITIONAL INFORMATION:

Contact your local health department **OR** the laboratory where this sample was tested **OR** the Department of Health, Drinking Water Program Regional Office.

Regional DOH - (360) 236-3030
 Cowlitz County - (360) 414-5599
 Lewis County - (800) 562-6130
 Pacific County - (360) 875-9356

SR# W1414404-005

1317 S. 13th Avenue • Kelso, WA 98626

COLIFORM BACTERIA ANALYSIS

Date Sample Collected <u>12 129 14</u> Month Day Year	Time Sample Collected <u>11:25</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County <u>Pacific</u>
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Type of Water System (check only one box) ☐ Private Household
☒ Group A ☐ Group B ☐ Other _____

Group A and Group B Systems – Provide from Water Facilities Inventory (WFI):

ID# 63000CSystem Name: North Beach WaterContact Person: Bill NealDay Phone: 360 665-4144Cell Phone: 360 244-0068

Eve. Phone: ()

FAX: ()

Email:

Send results to: (Print full name, address and zip code)

North Beach WaterP.O. Box 618Ocean Park, WA 98640

SAMPLE INFORMATION

Sample collected by (name): Robert Hunt

Specific location where sample collected:

USS# 6/ 3314281st St.

Special instructions or comments:

Type of Sample (MUST CHECK ONLY ONE BOX OF #1 THROUGH #4 LISTED BELOW)

#1 ☒ Routine Distribution Sample

Chlorinated: Yes _____ No _____

Chlorine Residual: Total _____ Free _____

#3. Raw Water Source Sample

☐ E.coli – GWR source sample☐ Fecal – Surface, GWI, some springs☐ OtherS

Public systems must provide source number from WFI

#2. Repeat Sample (after unsat. routine)

☐ Distribution System☐ Source Groundwater Rule (GWR)
(Population of 1,000 or less)

Unsatisfactory routine lab number:

0 1 7 -

Unsatisfactory routine collect date:

_____/_____/_____

Chlorinated: Yes _____ No _____

Chlorine Residual: Total _____ Free _____

#4. ☐ Sample Collected for Information Only

Investigative _____ Construction / Repairs _____ Other _____

LAB USE ONLY

DRINKING WATER RESULTS

LAB USE ONLY

☐ Unsatisfactory Total Coliform Present and☐ E.coli present☐ E.coli absent☒ Satisfactory

Replacement Sample Required:

☐ Sample too old (>30 hours)☐ TNTC☐ _____☐ Improper Container☐ Turbid culture

Bacterial Density Results: Plate Count _____ /ml. E.coli _____ /100ml.

Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.

Method Code:

MICR- SM 9223B

Date, Time and Temp Received:

12/29/14 1447

Date Analyzed

12/29/14 82

Date Reported:

12/30/14

Sample Number (DOH number plus five digits)

0 1 7 - 44045

Lab Use Only:

16 12 31 14INTERPRETATION OF RESULTS
FOR DRINKING WATER

The analysis performed on this drinking water sample is an examination for the presence of coliform organisms in the water and indicates the bacteriological quality of the sample. The presence of coliform organisms is used by health organizations worldwide as an indicator for the possible presence of other disease causing organisms.

REPORTING OF RESULTS:

Group A Public Water Systems must report the results of Drinking Water Analysis to the State as specified in WAC 246-290-480.

SATISFACTORY RESULTS:

The absence of coliforms from any sample is satisfactory. Proper system maintenance and bacteriological monitoring should be continued routinely to insure the safety of the water supply.

UNSATISFACTORY RESULTS:

Any coliform presence is unsatisfactory.

The presence of coliforms indicates the system is not properly protected against contamination and may be unsafe for human consumption. Unsatisfactory samples should be investigated IMMEDIATELY and repeat samples submitted. Contact your local health department or DOH Regional Office for assistance in determining the source of contamination and corrective procedures.

When fecal coliforms or E. coli are reported present in a sample, the **IMMEDIATE ACTION REQUIRED** by a Public System is:

1. Investigate to determine the cause and correct the situation. Your local health department or DOH Regional Office can assist you.
2. Submit repeat samples as specified in WAC 246-290-480
3. Publicly notify the users of public water systems as specified in WAC 246-290-480
4. Contact your local health department or DOH Regional Office as specified in WAC 246-290-480.

TEST UNSUITABLE: Resample Immediately

"Confluent Growth" means bacteria have grown into a continuous mass which makes counting impossible, "TNC" means bacteria are too numerous to count. "Excess Debris" means that particulates in the water interfere with the interpretation of test results, "Turbid Culture" means overgrowth of other bacteria can interfere with coliform analysis. If any box indicating an unsuitable test is checked, the presence of coliform bacteria could not be determined and a new sample must be obtained for testing.

RESAMPLE:

Sample too old. (Sample to be tested must be received within 30 hours). Not in proper container. (Bottle to be used for testing must be purchased from a certified lab within 6 months.)
 Insufficient volume. (Sample must be at least 100 ml)
 If not tested, a new sample must be submitted for analysis.

FOR ADDITIONAL INFORMATION:

Contact your local health department **OR** the laboratory where this sample was tested **OR** the Department of Health, Drinking Water Program Regional Office.

Regional DOH - (360) 236-3030
 Cowlitz County - (360) 414-5599
 Lewis County - (800) 562-6130
 Pacific County - (360) 875-9356

SR# 11414404-006
ALS Environmental
 1317 S. 13th Avenue • Kelso, WA 98626
COLIFORM BACTERIA ANALYSIS

Date Sample Collected <u>12 12 9 11 4</u> Month Day Year	Time Sample Collected <u>11:15</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County <u>Pacific</u>
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A <input type="checkbox"/> Group B <input type="checkbox"/> Private Household <input type="checkbox"/> Other _____		
Group A and Group B Systems - Provide from Water Facilities Inventory (WFI): ID# <u>63000C</u> System Name: <u>North Beach Water</u> Contact Person: <u>Bill Neal</u> Day Phone: <u>360 665-4144</u> Cell Phone: <u>360 244-0068</u> Eve. Phone: () FAX: () Email: _____ Send results to: (Print full name, address and zip code) <u>North Beach Water</u> <u>P.O. Box 618</u> <u>Ocean Park, WA 98640</u>		

SAMPLE INFORMATION

Sample collected by (name): <u>Robert Hunt</u>	
Specific location where sample collected: <u>US# 11/24010</u> <u>Birch PL.</u>	Special instructions or comments:
Type of Sample (MUST CHECK ONLY ONE BOX OF #1 THROUGH #4 LISTED BELOW)	
#1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____ #3. Raw Water Source Sample <input type="checkbox"/> E.coli - GWR source sample <input type="checkbox"/> Fecal - Surface, GWI, some springs <input type="checkbox"/> Other <div style="border: 1px solid black; padding: 2px; display: inline-block;">S</div> <small>Public systems must provide source number from WFI</small>	#2. Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) <small>(Population of 1,000 or less)</small> Unsatisfactory routine lab number: <u>0 1 7 -</u> Unsatisfactory routine collect date: ____/____/____ Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____
#4. <input type="checkbox"/> Sample Collected for Information Only Investigative _____ Construction / Repairs _____ Other _____	

LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY

<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E.coli present <input type="checkbox"/> E.coli absent	<input checked="" type="checkbox"/> Satisfactory
Replacement Sample Required: <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> TNTC <input type="checkbox"/> _____ <input type="checkbox"/> Improper Container <input type="checkbox"/> Turbid culture	
Bacterial Density Results: Plate Count _____ /ml. E.coli _____ /100ml. Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.	
Method Code: <u>5M 9223B</u> MICR- <u>12/29/14</u> Date Analyzed: <u>12/29/14</u> Sample Number (DOH number plus five digits): <u>0 1 7 - 44046</u>	Date, Time and Temp Received: <u>12/29/14 1447</u> Date Reported: <u>12/30/14</u> Lab Use Only: <u>16 12 31 14</u>

INTERPRETATION OF RESULTS FOR DRINKING WATER

The analysis performed on this drinking water sample is an examination for the presence of coliform organisms in the water and indicates the bacteriological quality of the sample. The presence of coliform organisms is used by health organizations worldwide as an indicator for the possible presence of other disease causing organisms.

REPORTING OF RESULTS:

Group A Public Water Systems must report the results of Drinking Water Analysis to the State as specified in WAC 246-290-480.

SATISFACTORY RESULTS:

The absence of coliforms from any sample is satisfactory. Proper system maintenance and bacteriological monitoring should be continued routinely to insure the safety of the water supply.

UNSATISFACTORY RESULTS:

Any coliform presence is unsatisfactory.

The presence of coliforms indicates the system is not properly protected against contamination and may be unsafe for human consumption. Unsatisfactory samples should be investigated IMMEDIATELY and repeat samples submitted. Contact your local health department or DOH Regional Office for assistance in determining the source of contamination and corrective procedures.

When fecal coliforms or E. coli are reported present in a sample, the **IMMEDIATE ACTION REQUIRED** by a Public System is:

1. Investigate to determine the cause and correct the situation. Your local health department or DOH Regional Office can assist you.
2. Submit repeat samples as specified in WAC 246-290-480
3. Publicly notify the users of public water systems as specified in WAC 246-290-480
4. Contact your local health department or DOH Regional Office as specified in WAC 246-290-480.

TEST UNSUITABLE: Resample Immediately

"**Confluent Growth**" means bacteria have grown into a continuous mass which makes counting impossible, "**TNC**" means bacteria are too numerous to count. "**Excess Debris**" means that particulates in the water interfere with the interpretation of test results, "**Turbid Culture**" means overgrowth of other bacteria can interfere with coliform analysis. If any box indicating an unsuitable test is checked, the presence of coliform bacteria could not be determined and a new sample must be obtained for testing.

RESAMPLE:

Sample too old. (Sample to be tested must be received within 30 hours). Not in proper container. (Bottle to be used for testing must be purchased from a certified lab within 6 months.)
 Insufficient volume. (Sample must be at least 100 ml)
 If not tested, a new sample must be submitted for analysis.

FOR ADDITIONAL INFORMATION:

Contact your local health department **OR** the laboratory where this sample was tested **OR** the Department of Health, Drinking Water Program Regional Office.

Regional DOH - (360) 236-3030
 Cowlitz County - (360) 414-5599
 Lewis County - (800) 562-6130
 Pacific County - (360) 875-9356

SR# 11414404-007
ALS Environmental
 1317 S. 13th Avenue • Kelso, WA 98626

COLIFORM BACTERIA ANALYSIS

Date Sample Collected <u>12/29/14</u> Month Day Year	Time Sample Collected <u>11:35</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County <u>Pacific</u>
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A <input type="checkbox"/> Group B <input type="checkbox"/> Private Household <input type="checkbox"/> Other _____		
Group A and Group B Systems – Provide from Water Facilities Inventory (WFI): ID# <u>630000</u> System Name: <u>North Beach Water</u> Contact Person: <u>Bill Neal</u> Day Phone: <u>360 1665-4144</u> Cell Phone: <u>360 244-0068</u> Eve. Phone: () FAX: ()		
Email: _____		

Send results to: (Print full name, address and zip code)

North Beach Water
P.O. Box 618
Ocean Park, WA 98640
SAMPLE INFORMATION

Sample collected by (name): <u>Robert Hunt</u>	Special instructions or comments:
Specific location where sample collected: <u>NSS# 7 / 26200</u> <u>Sandridge Rd.</u>	

Type of Sample (MUST CHECK ONLY ONE BOX OF #1 THROUGH #4 LISTED BELOW)

#1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____	#2. Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less) Unsatisfactory routine lab number: <u>0 1 7 -</u> Unsatisfactory routine collect date: _____ / _____ / _____ Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____
#3. Raw Water Source Sample <input type="checkbox"/> E.coli – GWR source sample <input type="checkbox"/> Fecal – Surface, GWI, some springs <input type="checkbox"/> Other <div style="border: 1px solid black; padding: 2px; display: inline-block;">S</div> Public systems must provide source number from WFI	

#4. <input type="checkbox"/> Sample Collected for Information Only Investigative _____ Construction / Repairs _____ Other _____

LAB USE ONLY <input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E.coli present <input type="checkbox"/> E.coli absent	LAB USE ONLY <input checked="" type="checkbox"/> Satisfactory
---	---

Replacement Sample Required:

<input type="checkbox"/> Sample too old (>30 hours)	<input type="checkbox"/> TNTC	<input type="checkbox"/> _____
<input type="checkbox"/> Improper Container	<input type="checkbox"/> Turbid culture	

Bacterial Density Results: Plate Count _____ /ml. E.coli _____ /100ml.

Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.

Method Code: <u>SM 9223B</u>	Date, Time and Temp Received: <u>12/29/14 1447</u>
MICR- <u>12/29/14</u>	Date Reported: <u>12/30/14</u>
Date Analyzed: <u>12/29/14</u>	Lab Use Only: <u>nb 1231 14</u>
Sample Number (DOH number plus five digits) <u>0 1 7 - 44047</u>	

**INTERPRETATION OF RESULTS
FOR DRINKING WATER**

The analysis performed on this drinking water sample is an examination for the presence of coliform organisms in the water and indicates the bacteriological quality of the sample. The presence of coliform organisms is used by health organizations worldwide as an indicator for the possible presence of other disease causing organisms.

REPORTING OF RESULTS:

Group A Public Water Systems must report the results of Drinking Water Analysis to the State as specified in WAC 246-290-480.

SATISFACTORY RESULTS:

The absence of coliforms from any sample is satisfactory. Proper system maintenance and bacteriological monitoring should be continued routinely to insure the safety of the water supply.

UNSATISFACTORY RESULTS:

Any coliform presence is unsatisfactory.

The presence of coliforms indicates the system is not properly protected against contamination and may be unsafe for human consumption. Unsatisfactory samples should be investigated IMMEDIATELY and repeat samples submitted. Contact your local health department or DOH Regional Office for assistance in determining the source of contamination and corrective procedures.

When fecal coliforms or E. coli are reported present in a sample, the **IMMEDIATE ACTION REQUIRED** by a Public System is:

1. Investigate to determine the cause and correct the situation. Your local health department or DOH Regional Office can assist you.
2. Submit repeat samples as specified in WAC 246-290-480
3. Publicly notify the users of public water systems as specified in WAC 246-290-480
4. Contact your local health department or DOH Regional Office as specified in WAC 246-290-480.

TEST UNSUITABLE: Resample Immediately

"**Confluent Growth**" means bacteria have grown into a continuous mass which makes counting impossible, "**TNC**" means bacteria are too numerous to count. "**Excess Debris**" means that particulates in the water interfere with the interpretation of test results, "**Turbid Culture**" means overgrowth of other bacteria can interfere with coliform analysis. If any box indicating an unsuitable test is checked, the presence of coliform bacteria could not be determined and a new sample must be obtained for testing.

RESAMPLE:

Sample too old. (Sample to be tested must be received within 30 hours). Not in proper container. (Bottle to be used for testing must be purchased from a certified lab within 6 months.)
 Insufficient volume. (Sample must be at least 100 ml)
 If not tested, a new sample must be submitted for analysis.

FOR ADDITIONAL INFORMATION:

Contact your local health department **OR** the laboratory where this sample was tested **OR** the Department of Health, Drinking Water Program Regional Office.

Regional DOH - (360) 236-3030
 Cowlitz County - (360) 414-5599
 Lewis County - (800) 562-6130
 Pacific County - (360) 875-9356



for the State of Washington
TTHM TEST PANEL
 (Total Trihalomethanes by EPA METHOD - 524.2)

Distribution System - Report of Analyses

TRIHALOMETHANE ANALYSIS		System Group Type : <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> Other (Specify):	
Water System ID Number : 63000C		System Name : North Beach Water Dist.	
Source: S92 (Distribution samples)		County : Pacific	
Sample Purpose		Date Received (MM/DD/YY) : 12/29/2014	
X	RC – Routine/Compliance	Date Analyzed (MM/DD/YY) : 1/2/2015	
	C-Confirmation	Date Reported (MM/DD/YY) : 1/16/2015	
	I – Investigative	COMMENTS : K1414403	
	O – Other		
Send Report to : William Neal		Bill to (Client Name) :	
WA DOH			

(DOH #) ANALYTE	(0027) Chloroform	(0028) Bromo- dichloro- methane	(0029) Chlorodi- bromo- methane	(0030) Bromoform	(0031) Total THMS
SRL,ug/L	0.25	0.5	0.5	0.5	
Trigger Level, ug/L					60 *
MCL, Ug/L					80 *
Analytical Method	524.2				
Analysts Initials	GH				

Results

Lab Sample # 017+ 5 digit Lab ID	Date Collected	Sample Location	Chloro-form	Bromo- dichloro- methane	Chlorodi- bromo- methane	Bromo- form	Total THMs
01744031	12/29/2014	1311 197th Pl.	1.3	ND	ND	ND	1.3
01744032	12/29/2014	3314 281 St.	0.86	ND	ND	ND	0.86

SRL (State Reporting Level): The minimum reporting level established by the Washington State Department of Health (DOH)

Trigger Level: DOH Drinking Water response level. Systems with compounds detected at concentrations in excess of this level may be required to take additional samples or monitor more frequently. Please contact your DOH drinking water regional office for

MCL (maximum contaminant level): If the contaminant amount exceeds the MCL, please contact your regional DOH office to determine follow-up actions.

NA (Not Analyzed): In the results column, indicates this compound was not included in the current analysis.

ND (Not Detected): In the results column, indicates this compound was analyzed and not detected at a level greater than or equal to the SRL

< (0.00X) : The compound was not detected in the sample at or above the concentration indicated (usually the lab MRL).

***:** Value listed is for the sum of the five trihalomethanes.

Additional Comments:



for the State of Washington
HALOACETIC ACID (HAA5) TEST PANEL
HAA5s by EPA Method 552.2

Distribution System - Report of Analyses

HALOACETIC ACIDS		System Group Type : <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> Other (Specify):	
Water System ID Number : 63000C		System Name : North Beach Water Dist.	
Source: S92 (Distribution samples)		County : Pacific	
Sample Purpose		Date Received (MM/DD/YY) : 12/29/2014	
X	RC – Routine/Compliance	Date Analyzed (MM/DD/YY) : 1/7/2015	
	C-Confirmation	Date Reported (MM/DD/YY) : 1/13/2015	
	I – Investigative	COMMENTS : K1414403	
	O – Other		
Send Report to : William Neal		Bill to (Client Name) :	
WA DOH			
Abbreviations: Monochloroacetic Acid="MCCA" Dichloroacetic Acid="DCAA" Trichloroacetic Acid="TCAA" Monobromoacetic Acid="MBAA" Dibromoacetic Acid="DBAA" Total Haloacetic Acids="HAA5a"			

(DOH #) ANALYTE	(0411) MCCA	(0412) DCAA	(0413) TCAA	(0414) MBAA	(0415) DBAA	(0416) HAA5a
SRL,ug/L	2	1	1	1	1	6
Trigger Level, ug/L						45 *
MCL, Ug/L						60 *
Analytical Method	552.2					
Analysts Initials	CH					

Results

Lab Sample # 017+ 5 digit Lab ID	Date Collected	Sample Location	MCCA	DCAA	TCAA	MBAA	DBAA	HAA5s
01744031	12/29/2014	1311 197th Pl.	ND	ND	ND	ND	ND	ND
01744032	12/29/2014	3314 281 St.	ND	1.6	ND	ND	ND	1.6

SRL (State Reporting Level): The minimum reporting level established by the Washington State Department of Health (DOH)

Trigger Level: DOH Drinking Water response level. Systems with compounds detected at concentrations in excess of this level may be required to take additional samples or monitor more frequently. Please contact your DOH drinking water regional office for

MCL (maximum contaminant level): If the contaminant amount exceeds the MCL, please contact your regional DOH office to determine follow-up actions.

NA (Not Analyzed): In the results column, indicates this compound was not included in the current analysis.

ND (Not Detected): In the results column, indicates this compound was analyzed and not detected at a level greater than or equal to the SRL

≤ (0.00X) : The compound was not detected in the sample at or above the concentration indicated (usually the lab MRL).

***:** Value listed is for the sum of the five haloacetic acids (MCCA, DCAA, TCAA, MBAA, and DBAA)

Additional Comments

ALS Group USA, Corp.
dba ALS Enviromental
Analytical Report

Client : North Beach Water District
Project Name : Wagardt Pilot
Project No. : NA
Matrix : Water

Service Request : K1414445
Date Collected : 12/29,30/14
Date Received : 12/31/14
Date Extracted : 01/02/15

Total Metals
Units: ug/L (ppb)

Analyte: Arsenic
Analysis Method: 200.8
Method Reporting Limit: 0.5
Date Analyzed: 01/05/15

Sample Name	Lab Code	Maximum Contaminait Level: 10.0
Pre Column #1	K1414445-001	16.6 Raw Water Results
Post Column #1	K1414445-002	5.8
Post Column #2	K1414445-003	4.6
Post Column #3	K1414445-004	4.0
Post Column #4	K1414445-005	3.4
Post Column #5	K1414445-006	3.1
Post Column #6	K1414445-007	2.9
Method Blank	K1414445-MB	ND

Filtered with increasing dose of Iron

Comments: The pilot test is nearling completion. A report will be submitted to the Office of Drinking Water for review and approval by March 1, 2015. I expect approval by May 15, 2015.
Bill Neal